

Winnaar VvE Studentenprijs 2017

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Innovative pilot to study the intention of the Moroccan-Dutch population to participate in chronic hepatitis B screening using Respondent Driven Sampling

Introduction

In 2016, the Dutch Health Council recommended hepatitis B (HBV) screening for first generation migrants originating from intermediate- or high endemic countries. Our aims were (1) to determine the effectiveness of Respondent Driven Sampling (RDS) and (2) to identify determinants associated with the intention to participate in HBV screening, in first generation Moroccan-Dutch immigrants.

Methods

Offline and online cross-sectional surveys were carried out among first and second/third generation Moroccan-Dutch immigrants using RDS. Prediction analyses were conducted using random forest (RF) and logistic regression (LR) to determine which predictors had the greatest impact on the intention to participate in HBV screening.

Results

Of the 406 respondents (243 seeds and 163 recruits), 53.6% of the Moroccan-Dutch immigrants reported a positive intention to request a HBV test and 48.7% was willing to participate if the costs were maximal € 70,-.

Clarity regarding HBV status, not having symptoms, fatalism, self-efficacy, and perceived risk of having HBV were the strongest predictors to request a HBV test.

Shame and stigma regarding HBV, perceived severity, fatalism, perceived burden of participating in HBV screening, social influence of Islamic religious leaders, and not having symptoms had the greatest predictive value for the intention to participate in HBV screening.

LR showed superior predictive performances with area under the curve scores of 0.742 (RF: 0.698) for intention to request a HBV test and 0.712 (RF: 0.677) for intention to participate in HBV screening.

Conclusion

RDS enabled us to successfully reach and study determinants among Moroccan-Dutch immigrants. To enhance screening uptake of Moroccan Dutch, HBV promoting activities should (1) incorporate clarity regarding HBV status, (2) stress the risk of having HBV despite feeling healthy, (3) emphasize mother to child transmission as the main route of transmission, and (4) include Islamic religious leaders to help decrease elements of fatalism, shame, and stigma.